South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

January 9, 2007

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HOS-IP-RTF   07-01

MEDICAID BULLETIN

TO: **Inpatient Psychiatric Hospitals and Psychiatric Residential Treatment Facilities for Children Under 21**

SUBJECT: **I.   UB-04 Billing Form/NPI Provider Workshops**
II.   UB-04 Billing Form Timeline
III. UB-04 Form Completion

I.   UB-04 Billing Form/NPI Provider Workshops

Workshops are being held to assist providers with questions about implementation of the new UB-04 Billing Form and National Provider Identification (NPI) billing requirements. Please see the following schedule for workshop locations. To register for a workshop in your area, please visit the South Carolina Medicaid Provider Outreach Web site, www.scmedicaidprovider.org, or you may call South Carolina Medicaid Provider Outreach at 1-888-289-0709.

Charleston, SC	Columbia, SC
Tuesday, January 30, 2007	**Wednesday, February 7, 2007 OR** **Tuesday, February 13, 2007**
Main Library	Blue Cross Blue Shield of South Carolina
68 Calhoun Street	17 Technology Circle
Bldg: Auditorium located in library	Bldg: Palmetto GBA Building
Time: 9:30AM – 12:30 PM	**Session 1** - 9:30 AM – 12:30 PM
	Session 2 – 9:30 AM – 12:30 PM
SPECIAL INSTRUCTIONS: No food or drink permitted. Parking at library – 1st hour free, $.50 every half hour thereafter. Another parking garage is located across the street, but is not affiliated with the library.	**SPECIAL INSTRUCTIONS:** Food and drink permitted. Parking is free.
Greenville, SC	**Florence, SC**
Wednesday, February 21, 2007	**Friday, February 23, 2007**
Greenville Technical College	Florence-Darlington Technical College
506 South Pleasantburg Drive	2715 West Lucas Street
Bldg: TRC Auditorium Bldg #102	Bldg: Fred C. Flore Auditorium
Time: 9:30 AM – 12:30 PM	Time: 9:30 AM – 12:30 PM
SPECIAL INSTRUCTIONS: No food or drink permitted. Parking is free.	**SPECIAL INSTRUCTIONS:** No food or drink is permitted. Parking is free.

Fraud & Abuse hotline 1-888-364-322

II. UB-04 Billing Form Timeline

In response to guidelines set forth by the Centers for Medicare and Medicaid Services (CMS), the South Carolina Department of Health and Human Services is implementing the UB-04 billing form effective March 1, 2007.

Although the UB-04 billing form will be effective March 1, 2007, use of the UB-04 billing form is optional until May 23, 2007. The transitional period in which both the UB-92 and the UB-04 will be accepted is described as follows:

- **March 1, 2007 – May 22, 2007**: Providers can use either the UB-92 billing form or the UB-04 billing form.

- **May 23, 2007**: The UB-92 billing form is discontinued and only the UB-04 billing form is to be used. Note: All rebilling of claims should use the UB-04 billing form from this date forward, even though earlier submissions may have been on the UB-92 billing form.

A major difference between the UB-04 billing form and the UB-92 form is the addition of the NPI and Taxonomy fields. All organizations that meet the definition of a health care provider, as described at 45 CFR 160.103, are eligible to obtain NPI and Taxonomy numbers. Inpatient Psychiatric Hospitals and Psychiatric Residential Treatment Facilities for Children Under 21 must bill Medicaid with their with their 10-digit NPI number in field 56 and their 10-digit Taxonomy code in field 81. The taxonomy code must be the same as the taxonomy code that was registered with SC Medicaid.

III. UB-04 Form Completion

It is not necessary to complete all of the fields on the UB-04 to process a Medicaid claim. The following items of the UB-04 are required for Inpatient Psychiatric Hospitals and Residential Treatment Facilities for Children Under 21. The following table describes the fields required by SC Medicaid for claims adjudication.   Refer to the UB-04 Data Specifications Manual for other required fields.

*   Required by SC Medicaid
**   Required by SC Medicaid if Applicable

Field	Description	Notes
Field 1*	Provider Name, Address, and Telephone Number	Enter the provider's name and mailing address and telephone number. Name and Address – Required Telephone Number – Required Country Code – Required if outside United States of America

Field	Description	Notes
Field 2	Pay-to Name, Address, and Secondary ID Fields	Enter the Pay-to Name and Address. Required when the address for payment is different than that of the Billing Provider in Form Locator 01
Field 3a*	Patient Control Number	Enter your account number for the patient. The patient's account number will be listed as the "Own Reference Number" on the remittance advice. Required – MUST be returned on Payment Check, Remittance Advice of Voucher
Field 4*	Type of Bill	Required – Field expanded to 4 bytes. Medicaid claims must be billed using one of the following bill types: 0111 Admit Through Discharge Claim 0112 Interim First Claim 0113 Interim Continuing Claim 0114 Interim Last Claim 0117 Replacement Claim
Field 5*	Federal Tax Identification Number	Enter the facility's Federal Tax Identification Number.
Field 6*	Statement Covers Period	Enter the beginning and end dates covered by this bill. The last date entered is the discharge date for Claim Types 0111 and 0114 only. The date format is MM-DD-YYYY.
Field 8*	Patient Name/Identifier	Enter the patient's last name, first name and middle initial.
Field 9*	Patient Address	Enter the patient's mailing address, including street number and name or post office box number or RFD, city name, state name, ZIP code (9 positions)..
Field 10*	Patient Birth Date	Enter the patient's birth date in "MMDDYYYY" format. If birth date is unknown, indicate zeros for all eight digits.
Field 11*	Patient Sex	Enter the sex of the patient: M – male F – female U - unknown
Field 12*	Admission/Start of Care Date	Enter the actual admission date of the patient, including interim bills. Required for all inpatient claims.
Field 14*	Admission Type	Enter the code indicating the priority of this inpatient admission: 1- Emergency 2- Urgent

Field	Description	Notes
Field 15*	Source of Referral for Admission or Visit	Enter the appropriate code indicating the referral source. The applicable codes are: 1 – Physician Referral 2 – Clinical Referral 4 – Transfer from Hospital 6 – Transfer from another Health Care Facility 8 – Court/Law Enforcement 9 – Information not available
Field 17*	Patient Discharge Status	Enter the patient's status as of the "through" date of the billing period: 01 - Discharged to home or self-care (routine) 04 - Discharged to an Intermediate Care Facility 05 - Discharged to another type of institution for inpatient care or referred for outpatient services to another institution 07 - Left against medical advice or discontinued care 30 - Still a patient
Field 18 – 28*	Condition Codes	Always enter "C-5" in this field for SC Medicaid. C5 = Post Payment Review Applicable.
Field 31	Occurrence Codes and Dates	Enter the corresponding code that identifies conditions that apply to this billing period. Codes must have 2 digits and must be entered in alpha-numeric sequence. Dates must be six digits and numeric. One entry without the other will generate an edit code. Applicable codes are: 24 - Date of insurance denial 42 - Date of discharge (claim types 0111 and 0114 only)

Field	Description	Notes
Field 42*	Revenue Code	Enter the appropriate revenue codes. Accommodation and leaves of absence must be listed by revenue code. Consult your NUBC UB-04 Data Specifications Manual for a complete listing. Revenue codes should be entered in ascending order with the exception of revenue code 0001 (total charges) which must always be the last entry. The most commonly used revenue codes are: 0124 – Room and Board, Semi-Private 2 Beds 0134 – Room and Board, Semi-Private >2 Beds 0154 – Room and Board, Ward 0180 – Leave of Absence Days* 0270 – Medical Supplies- General 0300 – Lab 0914 – Psych/Psychological Services- Individual Therapy 0915 – Group Therapy 0918 – Testing 0919 – Other # of Visits 0001 – Total Charge (must be last entry) *Leave of Absence Days are not Medicaid reimbursable, and must be deducted from the total number of days billed.
Field 43*	Revenue Description	Enter a narrative description of the related revenue categories. Abbreviations may be used.
Field 46*	Service Units	Enter number of days or units of service when appropriate for a revenue code.
Field 47*	Total Charges	Sum the total charges. Enter total charges on the same line as revenue code 0001.
Field 50*	Payer Identification	Name of health plan that the provider might expect some payment for the bill. If Medicaid is the only payer, enter "Medicaid" in Field 50 A. If Medicaid is the secondary or tertiary payer, identify the primary payer on line A and enter "Medicaid" on line B or C.
Field 51*	Health Plan Identification Number	6-digit SC Medicaid Number required until May 22, 2007. Not allowed after May 22, 2007, must submit NPI in Field 56 on and after May 23, 2007. This number should be entered on the same lettered line (A, B, or C) that corresponds to the Medicaid line in Field 50.

Field	Description	Notes
Field 52	Release of Information Certification	Code indicates whether the provider has on file a signed statement (from the patient or the patient's legal representative) permitting the provider to release data to another organization I – Informed Consent to Release Medical Information for conditions or Diagnoses Regulated by Federal Status Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
Field 54**	Prior Payments - Payer	Enter the amount received from the primary payer on the appropriate line when Medicaid is secondary or tertiary. Report all primary insurance payments.
Field 56*	National Provider Identifier or Provider ID	Enter provider's NPI number. Required on and after May 23, 2007 Accepted on and after March 1, 2007 when used in conjunction with the 6-digit SC Medicaid ID in Field 51.
Field 58*	Insured's Name	Enter the insured's last and first name.
Field 60*	Insured's Unique Identification	Enter the patient's 10-digit Medicaid number on the same lettered line (A, B, or C) that corresponds to the line on which Medicaid payer information was shown in Fields 50–51
Field 63**	Treatment Authorization Code	Enter the assigned authorization number from the Prior Authorization Form (DHHS Form 254). This number should be entered on the same lettered line (A, B, or C) that corresponds to the Medicaid line in Field 50.
Field 67*	Principal Diagnosis Code	Enter the ICD Diagnosis Code including the 4th and 5th digits where applicable. DO NOT submit ICD10 codes.
Field 76*	Attending Provider Name and Identifiers	Name – Required when the claim contains any services other than non-scheduled transportation claims. Identifiers – NPI number required on and after May 23, 2007. Secondary Identifier not allowed. NPI required prior to May 23, 2007 when the provider has received an NPI and the submitter has the capability to send it. Secondary Identifier – Required prior to May 23, 2006. Secondary Identifier Qualifiers: 0B - State License Number 1G - Provider UPIN Number G2 - Provider Commercial Number (6-digit SC Medicaid Number)

Field	Description	Notes
Field 81*	Code-Code Field (Taxonomy Code)	Enter Qualifying code "B3" for Taxonomy code and enter 10-digit Taxonomy code. ex. **B3322D00000X** (Underlined code is sample taxonomy code)

A sample of the UB-04 billing form is attached to this bulletin for information purposes only. The SCDHHS will not supply the UB-04 billing form to providers. Providers should purchase the form in its approved format from the private vendor of their choice.

Thank you for your continued support and participation in the South Carolina Medicaid Program. If you have questions concerning this bulletin, please contact your Program Manager.

/s/

Robert M. Kerr
Director

RMK/bmc

Attachment

NOTE: **To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.**
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp

1		2			3a PAT. CNTL #			4 TYPE OF BILL
					b. MED. REC. #			
					5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH		7

8 PATIENT NAME	a		9 PATIENT ADDRESS	a			
b			b		c	d	e

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT	18 19 20 21	CONDITION CODES 22 23 24 25 26 27 28	29 ACDT STATE	30

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
a						a
b						b

38			39 CODE VALUE CODES AMOUNT	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
		a			
		b			
		c			
		d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
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16							16
17							17
18							18
19							19
20							20
21							21
22							22
23	PAGE ____ OF ____	CREATION DATE	TOTALS ►				23

SAMPLE

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A						57 OTHER PRV ID	A
B							B
C							C

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				A
B				B
C				C

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		A
B		B
C		C

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX a b c	71 PPS CODE	72 ECI a b c	73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI QUAL
				LAST FIRST
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL
				LAST FIRST
80 REMARKS	81CC a			78 OTHER NPI QUAL
	b			LAST FIRST
	c			79 OTHER NPI QUAL
	d			LAST FIRST

UB-04 CMS-1450   APPROVED OMB NO.

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Fraud & Abuse Hotline 1-888-364-3224